STATEMENT OF ORGANIZATION		OFFICE USE ONLY
1. Name and Address of Committee Louisiana Society of Anethesiologists Political Action Committee, Inc. 2420 Athania PKWY, St. 101 Metalvie, LA 70001 Check If: New Committee Monthly Filer X 5. All Committee Officers and Directors (including Chairperson, Treasurer,	4. Amended Statement? Yes No , if any, and any other committee offi	war is
a. Name Mack Thomas Chairperson William Sumrall Treasurer	244 Beverly Pl 2243 State St	r. Metairie, LA 70001 N.O, LA 70118 SCANNED
C ASSISTANCE OF THE PROPERTY O		
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) a. Name b. Address Louisiana Society ay20 Athania Pkwy, Ste. 101 financial supporter of Anethesiologists Metaivie, LA 70001 Supporter		
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan in the funds of the		
Edward Jones b. Address 2380 O'Neal Lane Suite G Baton Rouge, LA 70816 By:x		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: Principal Campaign Committee Subsidiary Committee		
b. Name of Candidate	·	c. Office Sought by the Candidate
9. a. Name of Person Preparing Report Janna Pecquet b. Daytime Telephone 504-841-0145		
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This 12 day of 3 day		
Signature of Committee Chairperson		- & Y - 0 Y 5 ne Telephone Number
Signature of Committee Treasurer, if any	Daytir	me Telephone Number
Form 200, Rev. 12/03		